

Assignment 3

First Aid and Emergency Procedures (continued) : Patient Care

Textbook Assignment Pages 4-49 through 5-4

- 3-1. Medical Anti-Shock Trousers (MAST) are removed from a patient
 - 1. when blood pressure reaches 100 mm Hg systolic
 - 2. when intravenous fluids are started
 - 3. in a medical treatment facility under a medical officer's supervision only
 - 4. when the patient is in the ambulance and stabilized
- 3-2. Treatment for shock may include all of the following except
 - 1. opening and maintaining an airway
 - 2. oxygen therapy
 - 3. intravenous fluid therapy
 - 4. keeping the victim cool
- 3-3. Morphine is an acceptable analgesic in patients with
 - 1. head injuries
 - 2. profound respiratory distress
 - 3. advanced shock
 - 4. painful skin burns
- 3-4. The primary reason for splinting fractures is to
 - 1. prevent further injury
 - 2. control hemorrhage
 - 3. reduce swelling
 - 4. increase blood circulation
- 3-5. A splint should be long enough to reach
 - 1. from the fracture to the joint below the fracture
 - 2. from the fracture to the joint above the fracture
 - 3. past the joints above and below the fracture
 - 4. length is immaterial
- 3-6. To fit well and provide adequate immobilization, a splint must be
 - 1. well padded at body contact areas
 - 2. twice as wide as the injured limb
 - 3. strong, rigid, and applied tightly
 - 4. applied by two people
- 3-7. After applying a splint to a fractured forearm, you notice the fingers develop a bluish tinge and are cool to touch. you should
 - 1. elevate the arm
 - 2. apply warm compresses
 - 3. loosen the splint
 - 4. remove the splint
- 3-8. The proper first aid treatment for a fracture of the humerus near the shoulder is to
 - 1. apply a splint to the outside and one to the inside of the upper arm, bandage the arm to the body and support the forearm in a sling
 - 2. apply a splint to the outside of the arm, bandage the arm to the body, and support the forearm in a sling
 - 3. place a pad or folded towel in the armpit, bandage the arm to the body, and support the forearm in a sling
 - 4. splint the arm in the position you find it and bandage the arm securely to the body
- 3-9. When applying a splint to immobilize a fractured patella, place extra padding
 - 1. around the knee and under the buttocks
 - 2. under the knee and above the heel
 - 3. under the knee and under the thigh
 - 4. around the knee and under the calf

- 3-10. Fractured ribs should be treated by
1. applying adhesive tape around the chest to immobilize
 2. securing the arm on the injured side to the chest using a sling and swathe
 3. giving oxygen therapy and deep breathing exercises
 4. no treatment is necessary
- 3-11. The most important consideration in treating a mandibular fracture is
1. immediate immobilization
 2. ensuring a patent airway
 3. realignment of the jaw
 4. control of pain
- 3-12. In any head injury, it is important to
1. determine if the skull is fractured
 2. assume cervical spine damage
 3. administer pain medication
 4. remove impaled objects
- 3-13. When transporting a victim with a suspected spinal fracture,
1. ensure immobilization on a rigid backboard
 2. place a pillow or adequate padding under the neck
 3. transport in the shock position
 4. do all of the above
- 3-14. A deformity at a joint with pain, discoloration, and immobility are characteristic symptoms of a
1. dislocation
 2. simple fracture
 3. compound fracture
 4. displaced fracture
- 3-15. The most frequent sites of dislocated joints are the
1. sternal ribs, finger and jaw
 2. knee, hip, and elbow
 3. knee, hip, shoulder and jaw
 4. hip, shoulder, fingers, and jaw
- 3-16. In general, contusions, sprains, and dislocations are injuries to
1. joints and muscles
 2. nerves and blood vessels
 3. bones and blood vessels
 4. bones and nerves
- 3-17. To reduce a dislocated jaw,
1. pull the chin forward and down
 2. have the victim open his or her mouth several times to affect reduction
 3. grasp behind the front teeth and pull forward
 4. press down behind the last molars and lift the chin
- 3-18. The treatment for strains and sprains includes all of the following EXCEPT
1. radiographic evaluation
 2. immediate application of moist heat
 3. immobilization and rest
 4. elevation
- 3-19. With a suspected poisoning victim, it is important to determine, if possible, all of the following EXCEPT
1. name of the poison
 2. manufacturer of the poison
 3. quantity of the poison
 4. time of the poisoning
- 3-20. To obtain information on the antidote and treatment modality for a known poison, the first place you should call is the
1. local office of the Public Health Service
 2. nearest poison control center
 3. nearest physician
 4. manufacturer of the material
- 3-21. For a corpsman, the method of choice for inducing vomiting is
1. 3 teaspoonful of syrup of Ipecac
 2. 2 teaspoonful of dry mustard in water
 3. 2 teaspoonful of an activated charcoal slurry
 4. to tickle the back of the victim's throat

- 3-22. Treatment of a victim who ingested a strong acid includes intravenous infusion therapy and
1. inducing vomiting
 2. diluting the stomach contents with water
 3. neutralizing the stomach contents with a weak sodium bicarbonate solution
 4. gastric lavage
- 3-23. The most likely area of damage in a victim who ingested a strong alkali is the
1. stomach
 2. esophagus
 3. liver
 4. colon
- 3-24. Unless directed otherwise, the treatment of a victim who ingested turpentine is to
1. induce vomiting and observation
 2. give 1 to 2 ounces of vegetable oil orally
 3. neutralize with vinegar and water
 4. give 1 to 2 tablespoonful of milk of magnesia
- 3-25. Chemical or aspiration pneumonia is a serious threat in ingestion of
1. acid compounds
 2. alkali compounds
 3. petroleum distillates
 4. any of the above
- 3-26. The most common agent in inhalation poisoning is
1. carbon dioxide
 2. carbon monoxide
 3. freon
 4. none of the above
- 3-27. Treatment for an inhalation poisoning victim Includes all of the following EXCEPT
1. removal from the contaminated atmosphere
 2. administration of oxygen
 3. administration of stimulants
 4. treatment for shock
- 3-28. An anaphylactic reaction to a bee or wasp sting is treated by all of the following EXCEPT
1. removal of jewelry
 2. a subcuticular injection of epinephrine
 3. warm packs over the sting site
 4. removing the stinger by scraping with a dull knife
- 3-29. Pharmaceutical preparations that may NOT be given to a scorpion sting victim include
1. demerol or morphine
 2. calcium gluconate
 3. valium
 4. all the above are acceptable
- 3-30. Symptoms of a black widow spider bite may include severe pain, dyspnea, and
1. hypotension
 2. abdominal tetany
 3. a necrotizing lesion
 4. fever and chills
- 3-31. Excision and corticosteroid therapy is early treatment for
1. scorpion bites
 2. black widow spider bites
 3. brown recluse spider bites
 4. snake bites
- 3-32. The key identifying feature of the coral snake that distinguishes it from other snakes with similar markings is the
1. yellow band is always next to the red band
 2. red band is always next to the black band
 3. distinctive bite pattern
 4. deep pits below the eyes
- 3-33. On patrol, a member of your unit receives a rattlesnake bite just below the elbow. First aid treatment includes
1. placing a tourniquet 2 inches proximal to the bite site
 2. placing a constricting band 2 inches proximal to the bite site above the elbow
 3. placing a constricting band 2 inches distal to the bite site below the elbow
 4. doing both 2 and 3 above

3-34. Jelly fish nematocysts can be neutralized with

1. formalin
2. dilute ammonia
3. vinegar
4. any of the above

3-35. The most widely abused drug(s) is/are

1. ethanol
2. opiates
3. barbituratee
4. amphetamines

3-36. Signs and symptoms of stimulant intoxication include all of the following EXCEPT

1. hyperactivity
2. increased appetite
3. dilated pupils
4. increased body temperature

3-37. Marijuana is classified as a _____ drug.

1. barbiturate
2. physically addicting
3. hallucinogen
4. harmless

To answer questions 3-36 through 3-40, use the "Rule of Nines" to determine the extent of injury by body surface area and select the most appropriate answer from the below insert.

1. 18 percent
2. 27 percent
3. 31.5 percent
4. 36 percent

3-38. A steam burn to the face, chest, and both arms.

3-39. A sunburn to the back of both legs, both arms, and the back.

3-40. A thermal burn to the left arm and front of the left leg.

3-41. First aid treatment for extensive second degree burns should include

1. anesthetic ointments and transport only
2. debridement of the wound and dry dressings
3. intravenous infusion and dry dressings
4. anesthetic ointments and analgesic

3-42. The treatment for chemical burns is flushing with copious amounts of water. The two exceptions to this rule are

1. phosphoric acid and lye
2. white phosphorus and carbolic acid
3. dry lime and carbolic acid
4. sulfuric acid and carbolic acid

3-43. Alkali burns to the skin can be neutralized with a dilute solution of

1. alcohol
2. phenol
3. vinegar
4. baking soda

3-44. First aid treatment of white phosphorus burns with embedded particles includes

1. wet dressings of copper sulfate
2. superficial debridement while flushing with water
3. neutralization with a dilute vinegar solution
4. neutralization with a dilute solution of baking soda

3-45. Signs and symptoms of heat exhaustion include a weak rapid pulse, nausea, headache, and

1. constricted pupils
2. greatly increased body temperature
3. cool, moist, and clammy skin
4. flushed, red face

3-46. First aid treatment of heat stroke is centered on

1. prevention of seizure and coma
2. administering stimulants
3. fluid replacement
4. reducing body heat

3-47. The incidence of heat exposure injuries can be minimized by all of the following EXCEPT

1. education of personnel
2. environmental monitoring
3. daily salt tablets
4. maintenance of exhaust blowers and vents

- 3-48. The most effective method of rewarming a victim of hypothermia is
1. "buddy warming"
 2. covering the victim with blankets or a sleeping bag
 3. hot water bottles at the neck, armpits, groin, and the chest
 4. immersion in a tub of warm water
- 3-49. An antiseptic emollient cream should be applied to which, if any, of the following cold injuries?
1. Chilblain
 2. Immersion foot
 3. All frostbites
 4. None of the above. Cold injuries should be kept dry.
- 3-50. For which, if any, of the following reasons should a frostbite injury remain frozen?
1. To minimize the severity of pain
 2. When there is the possibility of refreezing
 3. To prevent shock
 4. Never. Frostbite should always be rewarmed as quickly as possible.
- 3-51. Reversal of a syncopal episode can often be accomplished by
1. sitting with the head between the knees
 2. sitting upright
 3. lying down with the head and shoulders slightly elevated
 4. lying down in the reverse shock position
- 3-52. The quickest and easiest way to determine if an unconscious person is a diabetic is to
1. check for signs of ketoacidosis
 2. determine blood sugar levels
 3. search for signs of insulin use
 4. search for a Medic Alert tag, bracelet, or card
- 3-53. The immediate treatment for insulin shock is to
1. administer an injection of insulin
 2. place sugar under the victim's tongue
 3. start an intravenous solution of normal saline
 4. administer oxygen
- 3-54. In addition to monitoring vital signs and making the patient comfortable, treatment for a stroke includes
1. administering analgesics to relieve pain
 2. giving oxygen therapy
 3. giving a rapid infusion of a 5 percent dextrose solution
 4. giving a 0.3cc injection of epinephrine for vasoconstriction
- 3-55. Initial first aid treatment for an attack of angina pectoris includes reassurance, monitoring of vital signs, and
1. initiating CPR
 2. giving sublingual nitroglycerin
 3. advise the patient to return to duty when pain abates
 4. giving a 0.3cc of epinephrine IM to increase heart rate
- 3-56. First aid treatment for an acute myocardial infarction without cardiac arrest includes all of the following EXCEPT
1. giving oxygen therapy
 2. monitoring vital signs
 3. starting an intravenous infusion of only normal saline
 4. transporting to a medical treatment facility
- 3-57. First aid treatment for a patient suffering a convulsive seizure episode consists of
1. protecting the victim from injury
 2. immediately starting CPR
 3. muscle massage during periods of rigidity
 4. injecting 75 to 100 mg of demerol IM to effect relaxation

- 3-58. The most common psychiatric emergency is probably the suicide gesture or attempt. Basic treatment consists of all of the following EXCEPT
1. a calm and understanding presence
 2. leaving the victim alone to reflect on his or her actions
 3. assuming all suicide threats are real
 4. treating self-inflicted wounds as any other wound
- 3-56. During childbirth, when the baby's head presents, apply gentle pressure to
1. prevent an explosive delivery
 2. avoid compressing the umbilical cord
 3. compress the cord to stimulate the infants vital functions
 4. allow you time to suction the mouth and nose of the infant
- 3-60. The infant's mouth and nose should be suctioned
1. if spontaneous respirations do not occur
 2. when the chin clears the vaginal canal
 3. after the child has completely emerged
 4. after clamping and cutting the umbilical cord
- 3-61. Emergency first aid treatment for a prolapsed cord during childbirth includes all of the following EXCEPT
1. decompressing the cord as much as possible
 2. giving oxygen therapy
 3. placing the mother in the shock position
 4. clamping and cutting the umbilical cord when it presents
- 3-62. The oxygen breathing apparatus (OBA) is a valuable adjunct in rescue operations because it
1. can be connected directly to an external air source
 2. provides positive pressure ventilation for the wearer
 3. neutralizes or filters toxic gasses
 4. generates its own oxygen
- 3-63. When should an oxygen source be connected to an air line mask?
1. When entering a carbon dioxide filled compartment or void
 2. When entering a compartment or void with fuel oil vapors
 3. After the couplings have been cleaned of all oil or grease
 4. An air line mask should never be connected to an oxygen source
- 3-64. The standard gas mask provides effective protection against
1. carbon monoxide and carbon dioxide
 2. low oxygen concentration
 3. both 1 and 2 above
 4. chemical and biological warfare agents
- 3-65. A protective asbestos suit protects the wearer
1. in steam filled compartment
 2. against brief exposure to flame
 3. from being scalded
 4. during prolonged exposure to heat
- 3-66. When using a life-line to raise an unconscious person from a compartment, attach the life-line around
1. the waist and to the belt
 2. the chest and under the arms
 3. the hips and the wrists
 4. the arms and legs
- 3-67. The most practical stretcher to use when lifting a casualty from an engine room is a/an
1. Stokes stretcher
 2. Army litter
 3. Neil Robertson stretcher
 4. Improvised blanket and line stretcher
- 3-68. Probably the easiest way to carry an unconscious person is the
1. fireman's carry
 2. tied-hands crawl
 3. blanket drag
 4. chair carry

- 3-69. The tied-hands crawl is the most useful when the victim
1. in too heavy to lift
 2. must be moved long distances
 3. in seriously injured
 4. must be moved under low structures
- 3-70. The most distinct advantage of the chair carry is
1. the ease of transporting heavy casualties
 2. the ease of negotiating stairs
 3. its safety in transporting neck or back injuries
 4. its safety in transporting pelvic injuries
- 3-71. The concepts of health include
1. the absence of disease or debility
 2. soundness of mind, body, and spirit
 3. a feeling of euphoria
 4. both 1 and 2 above
- To answer question 3-72, use the following information.
- a. Physicians and nurses
 - b. Corpsmen
 - c. Allied health care providers
 - d. The patient
- 3-72. The health care team is comprised of
1. a and b only
 2. b, and c only
 3. b, and d only
 4. a, b, c, and d
- 3-73. Patient rights and responsibilities are standards addressed by the
1. Commander, Naval Medical Command (formerly Bureau of Medicine and Surgery)
 2. American Medical Association (AMA)
 3. Joint Commission on Accreditation of Hospitals (JCAH)
 4. National League of Nursing (NLN)
- 3-74. A patient who is a professed atheist is placed on the very Serious List (VSL) with a poor prognosis for recovery. All of the following actions by the staff are considered appropriate and ethical EXCEPT
1. informing the rest of the staff of the patient's nonreligious beliefs
 2. informing the rest of the staff of the patient's condition
 3. informing pastoral services (chaplain) of the patient's condition and nonreligious beliefs
 4. attempting to convince the patient to accept a religious belief
- 3-75. The communication process takes place only through the written or spoken word.
1. True
 2. False